

FILED DEC 29 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11849

State File No.

BIRTH NO.		REG. DIST. NO. <u>297</u>		PRIMARY REG. DIST. NO. <u>3052</u>		Registrar's No. <u>74</u>	
1. PLACE OF DEATH a. COUNTY <u>Ray</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Ray</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Richmond</u>		c. LENGTH OF STAY (In this place) <u>4 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Richmond</u>		<u>0891</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>602 West Main St.</u>				d. STREET ADDRESS (If rural, give location) <u>602 West Main St.</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>JAMES</u>		b. (Middle) <u>EVERETT</u>		c. (Last) <u>SHENKEL</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>December 17, 1950</u>							
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>		8. DATE OF BIRTH <u>August 27, 1885</u>		9. AGE (In years last birthday) <u>65</u>	10. IF UNDER 1 YEAR Months <u>3</u> Days <u>20</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Section gang boss</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Railroads</u>		11. BIRTHPLACE (State or foreign country) <u>Carroll County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>James Shenkel</u>		13b. MOTHER'S MAIDEN NAME <u>Belle Darman</u>		14. NAME OF HUSBAND OR WIFE <u>Unknown</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>500-03-0921</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Dale Rader Richmond, Missouri</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinomatosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>DUE TO (b) Carcinoma of the stomach</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Left hemiplegia</u>				INTERVAL BETWEEN ONSET AND DEATH <u>4 mo.</u> <u>± 12 mo.</u> <u>151X</u> <u>6 mo.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Left hemiplegia</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> AT WORK		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>May 28, 1849</u> , to <u>Dec. 17, 1950</u> , that I last saw the deceased alive on <u>Dec. 12, 1950</u> , and that death occurred at <u>11:00 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>F.H. Johnson, M.D.</u>		23b. ADDRESS <u>Richmond, Mo.</u>		23c. DATE SIGNED <u>12/19/50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Dec. 19, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Green Hill Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Laramie, Wyoming</u>	
DATE REC'D BY LOCAL REG. <u>Dec. 20, 1950</u>		REGISTRAR'S SIGNATURE <u>Malcolm Jackson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Thurmond Funeral Home</u>		ADDRESS <u>Richmond, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD—



Feb 8 1951

JAN 20 1951

JAN 11 1951

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, W. L. Thurman

..... Student Embalmer No.
working under my personal supervision.

Student
Student Embalmer

Signed William L. Thurman

Licensed Embalmer No. 14563

P. O. Address Richmond, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.